

## **DECLARATION OF EMERGENCY**

**Department of Health and Hospitals  
Bureau of Health Services Financing**

**State Children's Health Insurance Program  
LaCHIP Affordable Plan Benefits Administration  
(LAC 50:III.20501, 20505 and 20507)**

The Department of Health and Hospitals, Bureau of Health Services Financing amends LAC 50:III.20501 and §§20505-20507 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XXI of the Social Security Act. This Emergency Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing adopted provisions to implement phase five of the Louisiana Children's Health Insurance Program (LaCHIP) as a stand-alone program under Title XXI provisions to provide coverage to uninsured children whose family income is from 200 percent up to 250 percent of the Federal Poverty Level (*Louisiana Register*, Volume 34, Number 4).

The Department of Health and Hospitals, Bureau of Health Services Financing now proposes to amend the April 2008 Rule in order to transfer the administration of health care services covered under the LaCHIP Affordable Plan (Phase 5) to the health plans participating in the BAYOU HEALTH Program, and the

administration of behavioral health services to the Statewide Management Organization in the Louisiana Behavioral Health Partnership. LaCHIP Affordable Plan benefits, including behavioral health services, are currently administered by the Office of Group Benefits.

This Emergency Rule will also revise the cost sharing provisions in order to remove the co-payment, co-insurance, and deductible requirements since they will no longer be attributable to the LaCHIP Affordable Plan Program. Only the monthly premium per household shall apply.

This action is being taken to avoid a budget deficit in the medical assistance programs, and to promote the health and welfare of LaCHIP Affordable Plan recipients. It is estimated that implementation of this Emergency Rule will reduce expenditures in the Medicaid Program by approximately \$122,491 for state fiscal year 2012-2013.

Effective January 1, 2013, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions governing the LaCHIP Affordable Plan in order to transfer the administration of these services to the BAYOU HEALTH Program and the Louisiana Behavioral Health Partnership.

## **Title 50**

### **PUBLIC HEALTH-MEDICAL ASSISTANCE**

#### **Part III. Eligibility**

#### **Subpart 11. State Children's Health Insurance Program**

**Chapter 205. Louisiana Children's Health Insurance Program**  
**(LaCHIP) – Phase V**

**§20501. General Provisions**

A. ...

B. The Department retains the oversight and management of this LaCHIP expansion with health care benefits provided through the ~~Louisiana Division of Administration, Office of Group Benefits Preferred Provider Organization (PPO) plan~~BAYOU HEALTH Program and behavioral health services provided through the Louisiana Behavioral Health Partnership (LBHP).

C. Phase five is a cost-sharing program. Families who are enrolled in phase five of LaCHIP will be responsible for paying premiums,~~co-payments and deductibles.~~

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XXI of the Social Security Act.

HISTORICAL NOTE: Repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 34:660 (April 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:

**§20505. Covered Services**

A. Children covered in phase five of the LaCHIP expansion shall receive health care benefits through ~~the an Office of Group Benefits PPO plan's~~ array of covered services offered by health plans participating in the BAYOU HEALTH Program, and behavioral

health services administered by the Statewide Management Organization under the LBHP. The following services shall be included~~including~~:

1. - 8. ...

9. inpatient and outpatient ~~mental~~behavioral health services other than those listed in any other provisions of §20503:

9.a. - 10. ...

11. nursing care services;

a. ~~the state employee's health plan only covers home health care services coordinated through case management;~~Repealed.

12. ...

13. inpatient substance abuse treatment services, including residential substance abuse treatment services:

a. ~~these services are only available to children receiving benefits in the state group benefits PPO plan through phase five of LaCHIP.~~Inpatient admissions must be pre-certified.

Emergency services are covered if, upon review, presentation is determined to be life-threatening, resulting in admission to inpatient, partial hospital or intensive outpatient level of care;

b. ...

14. outpatient substance abuse treatment services:

a. ~~these services are only available to children receiving benefits in the state group benefits PPO plan through phase five of LaCHIP.~~ All services must be pre-certified;

b. ...

15. case management services~~;~~i

a. ~~these services are only available to children receiving benefits in the state group benefits PPO plan through phase five of LaCHIP. Case management services are only available to assist members in transitioning out of an inpatient care setting;~~Repealed.

16. - 16.a. ...

17. hospice care:

a. ~~the state group benefits PPO plan only covers hospice services coordinated through case management;~~Repealed.

18. medical transportation; and~~;~~

a. ~~medical transportation is limited to emergency ambulance services only;~~Repealed.

19. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XXI of the Social Security Act.

HISTORICAL NOTE: Repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 34:660 (April 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:

## **§20507. Cost Sharing**

A. Phase five of LaCHIP is a cost-sharing program with ~~annual aggregate of premiums, deductibles and co-payments~~ limited to no more than 5 percent of the family's annual income. ~~Families who have been exempted from cost-sharing as members of federally recognized Native American Tribes will not be subject to co-payments.~~

B. The following cost-sharing criteria shall apply.

1. - 1.a. ...

~~2. Deductibles. A \$150 deductible is applicable to hospital emergency room visits. If the child is admitted, the deductible shall be waived. A separate \$200 deductible is applicable to mental health or substance abuse services. Payment of all deductibles is the responsibility of the family.~~

~~3. Co-insurance or co-payments. Enrollees are responsible for paying 10 percent of the contracted rate for most of the covered services rendered, with the exception of the following services:~~

~~a. hospice services require payment of 20 percent of the negotiated rate;~~

~~b. mental health and substance abuse services require payment of 20 percent of the negotiated rate;~~

~~c. home health services require payment of 30 percent of the negotiated rate;~~

~~d. prescription drug services require payment of 50 percent of the negotiated rate or \$50 maximum payment ; and:~~

~~i. after \$1,200 per person per plan year, the enrollee's co-payment shall be \$15 for brand name drugs. There will be no co-payment for generic drugs:~~

~~e. ground ambulance transportation requires a \$50 co-payment and licensed air ambulance transportation requires a \$250 co-payment.~~ 2. - 3.e. Repealed.

C. Non-payment of premiums ~~shall~~ may result in disenrollment from LaCHIP, ~~effective the following month. Non-payment of associated co-insurance or deductibles may result in a provider's refusal to render services, but the recipient will retain LaCHIP coverage.~~ Recipients shall be allowed a 60-day grace period prior to disenrollment for non-payment.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XXI of the Social Security Act.

HISTORICAL NOTE: Repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 34:661 (April 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS),

if it is determined that submission to CMS for review and approval is required.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

Bruce D. Greenstein

Secretary